

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD		10/30/00
O.I.P.E. CLASSIFIER			11/15
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	BE	897	11-08-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	01/07
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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